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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application: An-Chun Tu   : Group Art Unit: 2818

Serial Number: 10/700,779   : Examiner: David Nhu

Filed: 11/04/2003   : Attn. Docket No.: TS03-268

Title: METHOD FOR IMPROVING
INTERLEVEL DIELECTRIC GAP
FILLING OVER SEMICONDUCTOR   : Date: September 27, 2004
STRUCTURES HAVING HIGH ASPECT
RATIOS

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Dear Sir:

This paper is responsive to the Office action dated July 30, 2004. The applicants would

like to thank the Examiner for the courtesies extended to their attorney, Won Joon Kouh, during

the telephonic interview held on September 13, 2004. Pursuant to the agreement reached by the

Examiner and the applicants' attorney during the interview, the following amendments are being

submitted herewith for entry to place the claims in allowable form.

10/07/2004 GLEWIS   00000001 502061   10700779
01 FC:1202   72.00 DA

1

AMENDMENT TRANSMITTAL LETTER (Large Entity)	Docket No.
Applicant(s): An-Chun Tu	TS03-268

Application No. 10/700,779	Filing Date 11/4/2003	Examiner David Nhu	Customer No. 28581	Group Art Unit 2818	Confirmation No. 5490

Invention:

METHOD FOR IMPROVING INTERLEVEL DIELECTRIC GAP FILLING OVER SEMICONDUCTOR STRUCTURES HAVING HIGH ASPECT RATIOS

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30 -	26 =	4	x $18.00	$72.00
INDEP. CLAIMS	2 -	3 =	0	x $86.00	$0.00
Multiple Dependent Claims (check if applicable) ☐					$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					$72.00

☐ No additional fee is required for amendment.

☒ Please charge Deposit Account No. 50-2061   in the amount of $72.00

☐ A check in the amount of   to cover the filing fee is enclosed.

☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-2061

    ☒ Any additional filing fees required under 37 C.F.R. 1.16.

    ☒ Any patent application processing fees under 37 CFR 1.17.

☐ Payment by credit card. Form PTO-2038.

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Dated: 9/27/2004

Won Joon Koub, Esq.
Reg. No. 42,763
Duane Morris LLP
100 College Road West, Suite 100
Princeton, NJ 08540
609-919-4435

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]

on _____ .

     (Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC:

P11LARGE/REV06

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number 10 | 700779

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

OTHER THAN
SMALL ENTITY OR **SMALL ENTITY**

AMENDMENT A 7/13/04

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	26	Minus	** 26	= 1
Independent	2	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	30	Minus	** 26	= 4
Independent	2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	72
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.